SUMMARY OF SYPHILIS CASE DEFINITIONS as per CDC

Primary Syphilis-Clinical description: A stage of infection with *Treponema pallidum* characterized by one or more chancres; chancres might differ considerably in clinical appearance. **Laboratory criteria for diagnosis**: Demonstration of T. pallidum in clinical specimens by darkfield microscopy, direct fluorescent antibody (DFA-TP), or equivalent methods. **Case classification**: **Probable**: a clinically compatible case with one or more ulcers (chancres) consistent with primary syphilis and a reactive serologic test (nontreponemal: Venereal Disease Research Laboratory [VDRL] or rapid plasma reagin [RPR]; treponemal: fluorescent treponemal antibody absorbed [FTA-ABS] or microhemagglutination assay for antibody to *T. pallidum* [MHA-TP]). **Confirmed**: a clinically compatible case that is laboratory confirmed.

<u>Secondary Syphilis</u> - <u>Clinical description</u>: A stage of infection caused by *T. pallidum* and characterized by localized or diffuse mucocutaneous lesions (characteristically affecting palmar and plantar surfaces), often with generalized lymphadenopathy. The primary chancre may still be present. <u>Laboratory criteria for diagnosis</u>: Demonstration of *T. pallidum* in clinical specimens by darkfield microscopy, DFA-TP, or equivalent methods. <u>Case classification</u>: *Probable*: a clinically compatible case with a nontreponemal (VDRL or RPR) titer >4. *Confirmed*: a clinically compatible case that is laboratory confirmed.

<u>Latent Syphilis</u> - <u>Clinical description</u>: A stage of infection caused by *T. pallidum* in which organisms persist in the body of the infected person without causing symptoms or signs. Latent syphilis is subdivided into early (acquired during previous 12 months), late (infection occurred > 1 year prior), and unknown categories. <u>Case classification</u>: *Probable*: no clinical signs or symptoms of syphilis and the presence of one of the following: 1) No past diagnosis of syphilis, a reactive nontreponemal test (i.e., VDRL or RPR), and a reactive treponemal test (i.e., FTA-ABS or MHA-TP), 2) A past history of syphilis therapy and a current nontreponemal test titer demonstrating fourfold or greater increase from the last nontreponemal test titer.

Neurosyphilis (subset of Tertiary Syphilis) - Clinical description: Evidence of central nervous system infection with *T. pallidum*. Laboratory criteria for diagnosis: A reactive serologic test for syphilis and reactive VDRL in cerebrospinal fluid (CSF). Case classification: Probable: syphilis of any stage, a negative VDRL in CSF, and both the following: 1) Elevated CSF protein or leukocyte count in the absence of other known causes of these abnormalities and 2) Clinical symptoms or signs consistent with neurosyphilis without other known causes for these clinical abnormalities. Confirmed: syphilis of any stage that meets the laboratory criteria for neurosyphilis